

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/650,123
	<b>Filing Date</b>	August 28, 2003
	<b>First Named Inventor</b>	Denis Martin
	<b>Art Unit</b>	1645
	<b>Examiner Name</b>	Jennifer E. Graser
	<b>Attorney Docket Number</b>	484112.432

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number **00500**

**OR**

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

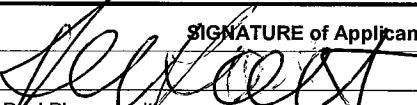
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,  
to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	8/28/2003
Name	Paul Pinsonault		
Title and Company (Assignee)	Senior Legal Counsel		
	ID Biomedical Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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